

**Continuum of Care Reform
FFA Subgroup
January 8, 2013**

Participants:

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Angie Schwartz
Cheri Shaw
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Theresa Thurmond
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Jen Troia
Emily Villas
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Phone/Webinar:

Monica Bentley
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Key Discussion Items:

- Role, Function, Membership and Meeting Dates for FFA Subgroup:
 - The role and function of the FFA Subgroup is to develop recommendations for the program services and supports to be provided by FFA's in the new, reformed Continuum of Care.
 - Membership – Representation needed from Child Welfare, Probation, CCL, Education, and Mental Health.
 - Group confirmed Jackie Rutheiser as Co-Chair
- FFA Background Discussion:
 - In early 80s primary function was home finding.
 - At this time, explosive growth in group homes and youth coming into foster care. Recognition that youth could be better served in family settings if such homes existed.
 - SB 760 (Statutes of 1987) passed authorizing Foster Family Agencies - created new category of service that would aid counties in finding homes/families as well as license, certify, oversee and provide services to foster families.
 - FFA Treatment vs. Non-treatment – treatment implies a medical model and does not accurately reflect how it is currently being used. FFAs include an agency social worker providing in-home supportive services and supports. Payment is differentiated between non-treatment vs. treatment rate.
 - Group reviewed data showing total number of youth in FFAs as of October 1, 2012. [Note: Total number of youth in FFA column include youth considered "fos-adopt" awaiting signing of formal adoption agreement. Number also includes youth in ITFC placements.]

**Continuum of Care Reform
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➤ **Current Use of FFAs:**

- Providing whatever a county needs, such as:
 - ITFC predominate use in some counties such as in San Luis Obispo;
 - enhanced services focused on adoptions such as in Santa Barbara;
 - intense frequency supervision orders – though FFA's struggling to meet this need as counties are;
 - home finding;
 - off-hour placement when FFH not available;
 - emergency placement and replacements (some FFHs also provide this)
 - sibling placements;
 - location proximity (educational requirements);
 - special needs – medical and assessment needs ;
 - adoption placements (also licensed as an adoption agency) - these are funded differently in some ways serves as an incentive;
- Rates based on ages of children. Need to explore this and evaluate if this is the best methodology. Suggestion to combine age and need in determining rates.

➤ **Future Use of FFAs:**

- Question is not so much do/should FFA serve specific population, but what are the services that these populations need vs. other extra (special) needs?
- Need maximum flexibility to meet individual child/youth and family needs. Rates should be based on services and not the door or type of placement, i.e. FFA vs. FFH.
- Need broad definition of permanency; not just adoption/guardianship focused; includes developing/strengthening lifelong connection.
- Ensure that those licensed have the ability to meet the needs either directly or through a partner.
- Training; baseline in all areas, what are the core competencies and who needs them – caregivers and/or the FFA?
- Who needs the competency - caregivers and/or the FFA, and what are they?
- Move away from placement/living arrangement and instead consider the service needs.
- Permanency, Safety, and Well-Being Agency vs. Placement Agency.
- Team determines the living situation and how to meet needs with input from youth. Services fall into 3 large areas:
 1. Short term living situation (Emergency homes)
 2. Move to permanence
 3. Prepare for adulthood with a lifelong connection
- Suggestion to strengthen the good concepts that are now haphazardly applied.
- Focus falls into 3 large areas:
 1. Recruiting caregivers (family finding, matching)
 2. Training caregivers (engagement)

Continuum of Care Reform

FFA Subgroup

January 8, 2013

3. Supporting caregivers (with meeting needs i.e. education, visitation requirements, etc.
- Group Dialogue Using the Discussion Items Document:
- Future Use of FFAs
 - a. Agreement that focus should be on needs driven services and not specialized populations.
 - b. Support expressed that FFAs have the ability to promote permanency including accessing and supporting KIN, not separate out KIN from the FFA
 - c. Reunification services – agree if counties want this type of support, FFA should have the capacity and funding to provide it. The “how” to accomplish this is not decided and provides an opportunity to be creative.
 - d. FF& E – agree that its one of the tools in the tool box. The “how” of this should reflect the paradigm shift and not be business as usual.
 - e. Respite care –support expressed that it should be available. Need to determine the “how” so that funding doesn’t get cut off for those utilizing respite, and what it would look like (i.e. not disrupting the child but applying a prudent parent standards/approach).
 - f. Adoption Agency – should FFA have license or be able to partner with a licensed agency – suggestion to reconsider the Adoption license issue and ask *what does it get us; should it be included in the FFA license, should it be a separate certification; or should it stay as is.* Concern expressed that there may be a disincentive for adoption in the current system.
 - g. Training – agree that core competencies should be specified and requirements not based solely on number of hours; how can the model be more responsive to the needs of the caregivers, youth etc. Should training for FFAs be different for a FFH and who should provide the training? Training does not automatically beget competency. Same questions for Recruitment and Ongoing Support.
 - Additional Discussion Items
 - a. Prevention and After Care– if we are responding to the needs of kids, then it becomes a matter of how to do it but you shouldn’t have to be or have been in a foster home to receive the services. Katie A. includes a prevention piece for IHBS.
 - b. Staffing Requirements – suggestion that Master level and licensed, or under clinical supervision, be required for those providing direct service to foster children/youth. Acknowledged the competing demands for trained personnel between the placing agency and the FFA. Ratio needs to be reconsidered to take into account needs/service levels.
- Assumptions:
- There should be a constellation of services that are based on the needs of the children/youth/family

Continuum of Care Reform

FFA Subgroup

January 8, 2013

- Evidenced based assessment process should occur, and include a teaming model and youth voice and choice
 - Placement decisions should be derived from these processes, i.e. assessment based placement
 - Emergency placements in family settings may be more difficult or traumatizing for youth in respect to having to separate again for yet another placement as they move to “permanency”.
 - Approach should be competent in trauma informed interventions
- Questions for Consideration:
- What is it we need this placement type to offer?
 - What are the competencies that all providers should have and what are the true special needs that require advanced/additional competencies?
 - Should therapeutic relationships be continued across placement changes so that new relationships aren't required for children/youth/families
 - Should FFAs continue to (or return to) recruit homes and provide support to caregivers/families?
 - Should there be a recommendation that all emergency shelter placements be made in a foster home setting?

Next Steps:

- Clarify data regarding total number of youth in FFAs – how many are fos-adopt? How many ITFC? Outcomes & Accountability to research and bring back information.
- How is the treatment and non-treatment rate determined? What is included in the ITFC rate setting process? FCARB to research and bring back information.
- Is federal Title IV-E funding being maximized for emergency shelter care placement? Currently being paid with county patch. Fiscal Policy to research and bring back information.
- Continue exploring main themes: 1. Standard Expectations of Foster Parents; 2. Core Competencies; 3. Services & Supports; 4. Youth Voice/Family Engagement; 5. Accountability and Performance Based Incentives
- **Next FFA Subgroup meeting will be held on January 29th from 10:00am-3:00pm at CDSS OB 9 Conference Room 1804.**